APPENDIX X

SPILL REPORTING FORM

1. GENERAL			
Name of Facility:	Address:	Address:	
Completed By:	Organization:	Organization:	
Position:	Phone:	Phone:	
2. SPILL INFORMATION			
Date:	Time:	Time:	
Location at Facility:	Quantity:	Quantity:	
Substance Spilled:	Other:		
3. OUTSIDE NOTIFICATIONS: (Insert telephone numbers)			
Agencies	Recorder at Outside Agency	Date and Time	
Call 9-1-1 (or the local emergency agency), if there is an immediate emergency			
Regional Management/Property Owners Line Office Representatives NOAA, RECO			
EPA National Response Center or U.S. Coast Guard: (800) 424-8802			
State Department of			
Environment			
5. INFORMATION ON SOURCE AND CAUSE			
6. DESCRIPTION OF ENVIRONMENTAL DAMAGE			
7. CLEANUP ACTION(S) TAKEN			
8. CORRECTIVE ACTION(S) TO PREVENT FUTURE SPILLS			

Note: All information must be filled in. If something is unknown, write "unknown".

Copies must be sent NOAA personnel listed above. The LECO & RECO must determine Regulatory Reporting Requirement (RRR) and followup accordingly.

5/24/01 Kasitsna Bay, AK